

SUBCONTRACTOR PREQUALIFICATION STATEMENT



Company Name:		Date:
Project: (if applicable)		
Location:		
Have you had previous experience with the Owner?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", Date:	Project/Location:	
Description of Project:		

Thank you for your interest in **A M King Construction Company, LLC**. In order to become an approved subcontractor on our projects and any future opportunities, you must complete this form and return it via one of the below methods. In addition to this completed form, your W-9, a sample certificate of insurance showing your standard coverages and your company's most recent financial statement are required in order to complete the prequalification process. If you would like to include more information than this form allows, please attach additional sheets. The information provided through this Prequalification Statement will be valid for 18 months.

- ▶ email: info@amkinggroup.com
- ▶ mail: 1610 East Morehead, Suite 200
Charlotte, NC 28207

SUBCONTRACTOR'S INFORMATION	
Mailing Address:	Street Address:
Telephone:	Mobile:
Facsimile:	Email:
Contact Name and Title:	

SUBCONTRACTOR'S PROFILE		
Contractor's Licenses:	License #:	State:
	License #:	State:
	License #:	State:
Area of business or specific work scopes your company performs:		
Description of work performed with own forces:		
Description of work subcontracted to others:		

Trades that your company would like to bid:		Revenue
CSI No.:	Description:	Revenue Previous 12 months:
CSI No.:	Description:	Revenue Prior Year 1:
CSI No.:	Description:	Revenue Prior Year 2:
CSI No.:	Description:	Revenue Prior Year 3:
Dollar value of largest contract completed in past two years:		\$
Total amount of work and/or orders in progress:		\$
Open Shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Union Affiliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SUBCONTRACTOR PREQUALIFICATION STATEMENT



BUSINESS AND FINANCIAL INFORMATION <i>Please attach latest financial statement.</i>			
Parent/Affiliated Company: Address:			
Officers, Partners, or Owners:			
	<u>Name</u>	<u>Title</u>	<u>Years of Experience</u>
Total permanent employees: _____ Peak manpower level in past 3 years: _____ Permanent employees for construction: _____ Lowest manpower level in past 3 years: _____			
Type of Firm: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other		Number of Years in Business: _____	
Under what other names has your company operated?			
Principal Banking Reference: Contact Name / Title / Phone:			
Have you at any time failed to complete a project? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details:			
Are there any material judgments, claims or lawsuits pending or outstanding against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details:			

REFERENCES <i>Please list typical contracts completed in past two years – provide attachment if necessary:</i>			
<u>Year</u>	<u>Name & Location of Project</u>	<u>Owner/Client Reference Contact info.</u>	<u>Value</u>
1:			
2:			

LEED REFERENCES <i>Please list any LEED certified projects completed in past 3 years:</i>			
<u>Year</u>	<u>Name & Location of Project</u>	<u>Owner/Client Reference Contact info.</u>	<u>Value</u>
1:			
2:			
State the Number of LEED ACCREDITED PROFESSIONALS ON STAFF			<input style="width: 50px; height: 20px;" type="text"/>

SUBCONTRACTOR PREQUALIFICATION STATEMENT



BONDING AND INSURANCE	
Bonding company/Surety:	Bond rate: %
Contact person:	Phone:
Total aggregate limit:	
Total amount of active bonds:	
Single project limit:	
Insurance carrier:	
Agent:	Phone:
Contact person:	
<u>Please attach a copy of your typical completed Insurance Certificate to show normal coverage (ACORD form)</u>	

SAFETY AND HEALTH			
	Year	Rate	
List your Experience Modification Rate (EMR) for Worker's Compensation insurance for the three (3) most recent years:	20		
	20		
	20		
Using your last year's OSHA 300 log, complete the following: Year: 20			
Number of injuries and illnesses:		Number of restricted workday cases:	
Number of lost workdays:		Number of cases with medical attention only:	
Employee hours worked last year:		Number of fatalities:	
Please describe all OSHA recordable citations your firm has received in the past two years:			
Do you have a company drug-screening program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Would your firm object to drug screening for all personnel working on a project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a written Safety Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you conduct site safety inspections? If "Yes", who conducts the inspection? Frequency:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you hold "tool box" safety meetings? If "Yes", how often? Frequency:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are rosters signed by attendees and kept on file?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What ongoing safety training other than the above does your company require?			

SUBCONTRACTOR PREQUALIFICATION STATEMENT



CERTIFICATION AND AUTHORIZATION

Have you reviewed the A M King Construction Company, LLC I Subcontract Agreement?
(Samples of Subcontract along with other subcontractor forms and requirements are
attached.)

Yes
No

Are you satisfied that if awarded the work, you will execute the Agreement without
modifications?

Yes
No

I certify that the above information and attachments supplied to A M King Construction Company, LLC, are
correct to the best of my knowledge and that I am authorized to sign this on behalf of the Organization.

Name of Organization

Signature

Printed Name

Title